

SUNY Upstate Medical University

College of Nursing

An Upper-Division Transfer and Graduate College



- **Bachelor of Science**
- **RN to Master of Science**
- **Master of Science**
- **Post Master's
Advanced Certificate**

Application



Syracuse, New York
www.upstate.edu/con

College of Nursing

The College of Nursing at SUNY Upstate Medical University offers three degree tracks — RN-to-BS, RN-to-MS, and BS-to-MS — a Post Master's Advanced Certificate program, and a Registered Nurse First Assistant program.

This booklet contains information and applications for the bachelor's, master's and post master's programs. RNFA students may call for an application or download a pdf from our website.

Admission to the College of Nursing is competitive. In selecting students, the Admissions Committee considers previous academic performance, letters of recommendation and a personal statement of professional experience and goals.

Prospective students are strongly encouraged to begin the application process one year in advance of matriculation and to seek preadmission advisement. You may apply to a program while working to fulfill the admission requirements. However, all admissions requirements must be completed before matriculation.

The Admissions Committee considers only those who have submitted complete applications. It is your responsibility to determine if your application is complete by contacting the Office of Student Admissions at 315-464-4570 or 800-736-2171 or by e-mail at admiss@upstate.edu

Although New York state residents are given preference, out-of-state applicants are welcome and admitted each year.



State University of New York

Upstate Medical University

COLLEGE OF NURSING

**Office of Student Admissions
1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210**

admiss@upstate.edu

www.upstate.edu/con

800-736-2171

315-464-4570

Bachelor of Science

You may apply to the bachelor of science program as early as September, one year before you plan to begin your studies. (Early Admission applicants see below).

You will be notified of a decision soon after the Admissions Committee reviews your completed application. Once accepted, you must send a \$50 deposit to reserve your place in the entering class. The deposit is refundable until May 1. All acceptances are contingent upon satisfactory completion of any college course work in progress.

How To Apply

Each bachelor's applicant must submit the following documents.

All documents but one – the State University of New York (SUNY) Application – go to the Office of Student Admissions, 1215 Weiskotten Hall, SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, NY 13210. The State University of New York (SUNY) Application should be mailed to the SUNY Processing Center in Albany.

- **College of Nursing Application** (pages 3-6)
- **State University of New York (SUNY) Application** This application will be mailed to you after the College of Nursing Application is received by the Office of Student Admissions. The SUNY application requires a \$40 fee. Send the SUNY application and fee to the SUNY Application

Processing Center in Albany. The address is on the application.

- **Official Transcripts** from all colleges previously attended.
- **Test Scores** from associate degree-level ECE and CLEP exams used to fulfill admissions requirements. (If applicable.)
- **Two Letters of Recommendation** (pages 9-12) from nursing professionals who can comment on your clinical expertise and academic abilities. (*Note:* Students selected under the Joint Admission Agreement program* are not required to submit letters of recommendation.)
- **RN license, CPR certification** Copies of your current RN license and current CPR certification.

How to Reapply

If you have previously applied to the bachelor's program for the College of Nursing, you may reapply as early as September, one year before you plan to begin your studies.

* The Joint Admission Agreement Program

Students attending one of our seven affiliated colleges (Cayuga CC, Crouse, Jefferson CC, Onondaga CC, St. Joseph's, SUNY Morrisville, Tompkins Cortland CC) may be guaranteed admission to SUNY Upstate upon the personal recommendation of the director of nursing from their Associate degree program. Students wishing to apply in this manner may contact their current director of nursing to request that the director submit the student's name to the Office of Student Admissions at SUNY Upstate. Qualifying students will then be contacted by SUNY Upstate.

Each reapplicant must submit the following documents:

- **College of Nursing Application** (pages 3-6) A new application must be completed. Be sure to check the reapplication box.
- **State University of New York (SUNY) Application** This application will be mailed to you after the College of Nursing Reapplication form is received by the Office of Student Admissions. The SUNY application requires a \$40 fee. Send the SUNY application and fee to the SUNY Application Processing Center in Albany. The address is on the application.
- **Official Transcripts and Test Scores** If reapplication is filed within three years of your original application, all previously submitted transcripts are transferable. If your original application was filed more than three years ago, you must resend your transcripts. You will need to send transcripts from any colleges attended or ECE and CLEP exams taken since you last applied.
- **One New Letter of Recommendation** (pages 9-10) from a nursing professional who can comment on your clinical expertise and academic abilities since you last applied.
- **RN license, CPR certification** Copies of your current RN license and current CPR certification.

How To Apply: RN to Bachelor's (2+2) Early Admission Program

Students applying to the RN to Bachelor's (2+2) Early Admission Program must submit the following documents to the Office of Student Admissions, 1215 Weiskotten Hall, SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, NY 13210.

- College of Nursing Application (pages 3-6) (no fee)
- Official High School Transcript
- Two Letters of Recommendation (pages 9-12)

Students must submit applications to the associate degree in nursing programs of their choosing independently of their application to Upstate Medical University. A SUNY application and deposit will be required in the fall, one year prior to the intended date of entry. The Admissions Office will notify you when it is time to submit these documents.

Master of Science

The recommended deadline for applying to the master's program is April 15 for the fall semester. However, we may consider applications received after that time. You will be notified of a decision soon after the Admissions Committee reviews your completed application. Once accepted, you must send a \$50 deposit to reserve your place in the entering class. All acceptances are contingent upon satisfactory completion of any college course work in progress.

How To Apply

Each master's applicant must submit the following documents

to the Office of Student Admissions, 1215 Weiskotten Hall, SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, NY 13210.

- **College of Nursing Application** (pages 3-6)
A \$40 fee must accompany this application (fee is waived for current Upstate nursing students).
- **Official Transcripts** from all colleges previously attended.
- **Test Scores** from BS degree-level ECE exams used to fulfill admissions requirements. (This applies only to applicants who have a degree in a field other than nursing.) Graduate Record Exams (GRE) are not required.
- **Three Letters of Recommendation** (pages 9-14) from faculty, employers and/or other people in a position to judge your potential for graduate study. One letter must come from someone able to evaluate your clinical experience. (Note: Students continuing from the SUNY Upstate BS program are required to submit only *one* letter of recommendation.)
- **RN license, CPR certification** Copies of your current RN license and current CPR certification.

How to Reapply

If you have previously applied to the master's program and wish to reapply, you must submit the following documents:

- **College of Nursing Application** (pages 3-6)
A \$40 fee must accompany this application.
- **Official Transcripts and Test Scores** If reapplication is filed within three years of your original application, all previously submitted transcripts are transferable. If your original application was filed more than three years ago, you will need to resend your transcripts. Of course, you will need to send transcripts from any colleges attended or ECE exams taken since you last applied.
- **One New Letter of Recommendation** (pages 9-10) from a faculty member, employer or other person in a position to judge your potential for graduate study.
- **RN license, CPR certification** Copies of your current RN license and current CPR certification.

Current bachelor's students at SUNY Upstate who wish to transfer to the RN-to-MS program must complete an application. Applicants submit the same documents for "How to Reapply" (above) but do not need to pay the \$40 fee.

Post Master's

Applications for admission to the post master's program are accepted until July 1 for the fall semester and until November 1 for the spring semester. You will be notified of a decision soon after the Admissions Committee reviews your completed application.

How To Apply

Each post master's applicant must submit the following documents

to the Office of Student Admissions, 1215 Weiskotten Hall, SUNY Upstate Medical University, 766 Irving Avenue, Syracuse, NY 13210.

- **College of Nursing Application** (pages 7-8) A \$40 fee must accompany this application (fee is waived for current Upstate MS nursing students).
- **Official Transcripts** from all colleges previously attended.
- **Three letters of Recommendation** (pages 9-14) from faculty, employers and/or other people in a position to judge your potential for further graduate study. One letter must be from someone able to evaluate your clinical work experience. (Note: Students continuing from the SUNY Upstate MS program are required to submit only *one* letter of recommendation.)
- **RN license, CPR certification** Copy of your current RN license and current CPR certification.
- **NP license** Copy of your current NP license (for nurse practitioners only).

SUNY Upstate Medical University

College of Nursing



Application for Admission to the **BS** and **MS** Programs in Nursing

I am **applying** for:

- Bachelor of Science Degree Program**
(two letters of recommendation required)
- Master of Science Degree Program**
(three letters of recommendation and \$40 fee required)

I am **reapplying** for:

- Bachelor of Science Degree Program**
(one new letter of recommendation required)
- Master of Science Degree Program**
(one new letter of recommendation and \$40 fee required)

I am applying for **RN to Bachelor's (2+2) Early Admission**

- Yes No

I am a **Joint Admission Agreement** student

- Yes No

(If yes, no letters of recommendation required)

RN to Master of Science Degree Program

I am currently an **Upstate nursing student** *(fee waived and only one letter of recommendation required)*

I am transferring from the **BS** to the **RN-to-MS Program** *(fee waived and only one letter of recommendation required)*

PLEASE TYPE OR PRINT LEGIBLY

I am applying for the **Class Entering Fall** _____ **Spring** _____ Full-Time Study Part-Time Study
Year Year

1. Name in full _____ **2.** Sex: Female Male
Last First Middle

3. If you have educational records under a different name, give former name(s) _____

4. Permanent Address _____
No. & Street County

City State Zip Code

5. Permanent Telephone No. (_____) _____ Local or Cell Phone No. (_____) _____
Area Code Area Code

6. Current Address _____
No. & Street County

City State Zip Code

7. Business Telephone, if employed (_____) _____ **8.** Social Security No. _____ - _____ - _____
Area Code Days Evenings Nights (Optional)

9. Fax No. (_____) _____ **10.** E-mail Address _____
Area Code

11. Date of Birth _____ / _____ / _____ **12.** Place of Birth _____
Mo. Day Yr.

13. Bachelor of Science Degree Program and Bachelor of Science Degree Program Reapplication applicants only:

Are you applying for admission under the Educational Opportunity Program (EOP)? Yes No
(Consult the SUNY Application Viewbook for a definition of this program.)

Were you enrolled in an EOP, HEOP, SEEK or similar program at a previous college? Yes No

14. Master of Science and RN-to-MS Degree Program applicants only:

Check the specific track of interest: CNS: Medical-Surgical NP: Family Child Master's completion for NPs

15. List all colleges and universities, with the most recent first, including SUNY Upstate Medical University, regardless of whether credit or a degree was obtained. Submit official transcripts of all institutions listed. *Reapplicants: note schools attended since previous application.*

Name of Institution	Date Entered (Month/Year)	Date Left (Month/Year)	Degree or Certificate Received or expected (Month/Year)	Major Subject	Credits Completed	GPA

16. Citizenship: U.S. Citizen Permanent Resident Other (specify visa category) _____
 Are you a legal resident of New York State? Yes No

17. If you wish to identify yourself as a member of an ethnic/racial group, please indicate:
 African American, not of Latino origin Latino, not of Puerto Rican origin White, not of Latino origin Mexican
 Native American/Alaskan Native Asian/Pacific Islander Puerto Rican Other: _____
(specify)

18. Registered Nurse License No. _____ **State** _____ **Expiration** _____

19. List names and addresses of those you are asking to send letters of recommendation (faculty, supervisor, and/or colleague who can comment on your academic and/or clinical ability).

- Bachelor of Science Degree Program applicants** must submit **two** letters of recommendation.
- Master of Science and RN to MS Degree Program applicants** must submit **three** letters of recommendation. (**One** for current SUNY Upstate students.)
- Reapplication applicants** must submit **one new** letter of recommendation.
- No** letters of recommendation required for **Joint Admission Agreement students**.

Name _____ Position _____
 Name _____ Position _____
 Name _____ Position _____

20. List your membership in honorary/professional societies, scholarships received, prizes or recognition received, articles published, etc.
 (Use additional sheets, if necessary.)

21. Employment History. List most recent position first. Limit to five most recent positions.

From	Dates To	Employer/Agency	City and State	Position	Specialty	a) Full Time or b) Number of hrs./wk. if part time

22. List any continuing education programs you have participated in during the past three years.

Title	Dates of Attendance

23. List any courses you are taking or plan to take this current academic year before entering the BS or MS program.

Fall Courses (Year _____)

College Name	Course Number	Course Name	Credits	Grade to Date

Spring Courses (Year _____)

College Name	Course Number	Course Name	Credits	Grade to Date

Summer Courses (Year _____)

College Name	Course Number	Course Name	Credits	Grade to Date

24. Please indicate any courses taken on this campus as a non-matriculated student.

Course Name	Instructor's Name	Course Number	Credits	Grade to Date

25. How were you first made aware of this program?

- Open House/Upstate Expo
 Mailing
 Friend/Colleague
 Place of Employment _____
 Web
 Upstate Expo
 Other _____

25a. Did you participate in a New Visions Program or Health Explorer's Post?
 No
 Yes (Please explain below)

26. Except for minor traffic violations, have you ever been convicted of any violation of the law?
 No
 Yes (Please explain below)

27. Professional Experience and Goals. Please TYPE your responses to the following topics on a separate sheet(s) of paper.

Bachelor of Science Degree Program (2+2 applicants need not answer this question) **applicants:**

- A) Your reason for applying to the bachelor's program at this time.
- B) Your reason for applying to Upstate Medical University.
- C) Your long-term career goals.
- D) Any additional information you would like the Admissions Committee to consider.

Bachelor of Science Degree Program

Reapplication applicants:

Please provide any information you wish the Admissions Committee to consider when reviewing your reapplication to the B.S. Nursing program (i.e., awards, honors, promotions, continuing education which you have completed since your previous application).

RN to Master of Science Degree Program applicants:

- A) Your reason for applying to the RN to MS program at this time.
- B) Your reason for applying to SUNY Upstate Medical University.
- C) Describe the responsibilities that are the most important to you in your current or most recent position, or student experience.
- D) Your areas of professional interest and your professional involvement in the community.
- E) Your ultimate career goal as a Clinical Nurse Specialist or Nurse Practitioner.

Master of Science Degree Program applicants and reapplicants:

- A) Your reason for entering a graduate program at this time and for applying to Upstate's MS program.
- B) Describe the responsibilities which are the most important to you in your current or most recent position.
- C) Describe one presentation, program, protocol or policy you have developed.
- D) Give an example of how you have initiated change.
- E) Indicate your areas of professional interest and your professional involvement in the community.
- F) Indicate your ultimate career goal as a Clinical Nurse Specialist or Nurse Practitioner.

I certify that the information I have submitted here is complete and correct to the best of my knowledge and belief.

Date

Signature of applicant

PLEASE RETURN BACHELOR'S AND MASTER'S APPLICATIONS TO:

**Office of Student Admissions, 1215 Weiskotten Hall, Upstate Medical University
766 Irving Avenue, Syracuse, New York 13210**

The Personal Privacy Protection law requires this notice to be provided when collecting personal information from individuals. The information on this admission application will be used by SUNY Upstate Medical University College of Nursing to evaluate your request for admission. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355 (2) (i) of the Education Law.

This application information will be maintained in the Office of Student Admissions. The official responsible for the maintenance of this information is the Dean of Student Affairs at SUNY Upstate Medical University, Weiskotten Hall, 766 Irving Avenue, Syracuse, New York 13210.

The State University of New York Upstate Medical University does not discriminate on the basis of race, religion, sex, sexual orientation, color, age, national origin, disability, marital status, or veteran status, in the recruitment and employment of faculty, staff or students, or in the operation of any programs or activities, as specified by Federal, and State laws and regulations. For more information, contact Upstate Medical University's Office of Diversity and Affirmative Action in Room 412 of Jacobsen Hall, or call 315-464-5234.

SUNY Upstate Medical University College of Nursing



Post
Master's

Application for Admission to the Post Master's Advanced Certificate Program in Nursing

PLEASE TYPE OR PRINT LEGIBLY

I am applying for the **Class Entering Fall** _____
Year

I am applying for the **Class Entering Spring** _____
Year

I am **applying** for:

Post Master's Advanced Certificate

Three letters of recommendation and \$40 fee required. (Note: Fee waived and one letter required for current SUNY Upstate students.)

Nurse Practitioner: Child Family

Clinical Nurse Specialist: Medical Surgical

Nursing Education

1. Name in full _____ **2.** Sex: Female Male
Last First Middle

3. If you have educational records under a different name, give former name(s) _____

4. Permanent Address _____
No. & Street County
City State Zip Code

5. Permanent Telephone No. (_____) _____ Local or Cell Phone No. (_____) _____
Area Code Area Code

6. Current Address _____
No. & Street County
City State Zip Code

7. Business Telephone, if employed (_____) _____ **8.** Social Security No. _____ - _____ - _____
Area Code Days Evenings Nights (Optional)

9. Fax No. (_____) _____ **10.** E-mail Address _____
Area Code

11. Date of Birth _____ / _____ / _____ **12.** Place of Birth _____
Mo. Day Yr.

13. Citizenship: U.S. Citizen Permanent Resident Other (specify visa category) _____
Are you a legal resident of New York State? Yes No

14. If you wish to identify yourself as a member of an ethnic/racial group, please indicate:
 African American, not of Latino origin Latino, not of Puerto Rican origin White, not of Latino origin Mexican
 Native American/Alaskan Native Asian/Pacific Islander Puerto Rican Other: _____
(specify)

15. Registered Nurse License No. _____ State _____ Expiration _____

16. List all colleges and universities, including SUNY Upstate Medical University, regardless of whether credit or a degree was obtained.
Submit official transcripts of all institutions listed. *Reapplicants: note schools attended since previous application.*

Name of Institution	Date Entered (Month/Year)	Date Left (Month/Year)	Degree or Certificate Received or expected (Month/Year)	Major Subject	Credits Completed	GPA

17. List names and addresses of those you are asking to send letters of recommendation (faculty, supervisor, and/or colleague who can comment on your academic and/or clinical ability). **Post Master's Advanced Certificate Program applicants** must submit **three** recommendations. (One for current SUNY Upstate students.)

Name _____ Position _____
 Name _____ Position _____
 Name _____ Position _____

18. List your membership in honorary/professional societies, scholarships received, prizes or recognition received, articles published, etc. (Use additional sheets, if necessary.)

19. Employment History. List most recent position first. Limit to five most recent positions.

From	Dates To	Employer/Agency	City and State	Position	Specialty	a) Full Time or b) Number of hrs./wk. if part time

20. List any continuing education programs you have participated in during the past three years.

Title	Dates of Attendance

21. Professional Experience and Goals. Please TYPE your responses to the following topics on a separate sheet(s) of paper.

- A) Your reason for entering the Post Master's program at this time and for applying to Upstate's program.
- B) Indicate your areas of professional interest and your professional involvement in the community.
- C) Indicate your ultimate career goal.

I certify that the information I have submitted here is complete and correct to the best of my knowledge and belief.

 Date Signature of applicant

PLEASE RETURN POST MASTER'S ADVANCED CERTIFICATE APPLICATION TO:

**Office of Student Admissions, 1215 Weiskotten Hall, Upstate Medical University
 766 Irving Avenue, Syracuse, New York 13210**

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The State University of New York Upstate Medical University does not discriminate on the basis of race, religion, sex, sexual orientation, color, age, national origin, disability, marital status, or veteran status, in the recruitment and employment of faculty, staff, or in the operation of any programs or activities, as specified by Federal, and State laws and regulations. For more information, contact Upstate Medical University's Office of Diversity and Affirmative Action Office in 412 Jacobsen Hall, or call 315-464-5234.

Letter of Recommendation



SUNY Upstate Medical University
College of Nursing

Name of Applicant _____

Social Security # (optional) _____

Application for the _____ Program

Name of Reference _____

To the Applicant:

Please follow the letter of recommendation guidelines which appear in this booklet and complete this section before submitting this form to your reference.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 - 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

- I DO waive my right of access to and review of this letter of reference I am requesting.
 DO NOT

Signature of Student

Date

To the Reference:

The applicant named above has applied for admission to SUNY Upstate Medical University College of Nursing.

We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential for competent professional performance.

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Acquaintance with Applicant:

How long and in what capacity have you known this applicant?

- II. Comments:** In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

II. Comments (continued)

III. Personal and Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation**
A. Academic Potential					
B. Leadership					
C. Professional Competence*					
D. Sense of Responsibility					
E. Ability To Work with People					
F. Rapport with Patients*					
G. Ability To Adapt to New Situations					
H. Ability To Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability To Analyze Problems and Solve Them Effectively					

* This category should be completed only by those who have had an opportunity to observe the applicant in a health care setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

IV. Recommendation for Acceptance:

- Strongly recommend
- Recommend

- Recommend with reservations as noted in the comment section
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____

Title: _____ Professional Credential: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

PLEASE RETURN TO:
College of Nursing Admissions Committee
Office of Student Admissions, 1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210

Letter of Recommendation



SUNY Upstate Medical University
College of Nursing

Name of Applicant _____

Social Security # (optional) _____

Application for the _____ Program

Name of Reference _____

To the Applicant:

Please follow the letter of recommendation guidelines which appear in this booklet and complete this section before submitting this form to your reference.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 - 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

- I DO waive my right of access to and review of this letter of reference I am requesting.
 DO NOT

Signature of Student

Date

To the Reference:

The applicant named above has applied for admission to SUNY Upstate Medical University College of Nursing.

We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential for competent professional performance.

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

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- II. Comments:** In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

II. Comments (continued)

III. Personal and Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation**
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C. Professional Competence*					
D. Sense of Responsibility					
E. Ability To Work with People					
F. Rapport with Patients*					
G. Ability To Adapt to New Situations					
H. Ability To Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability To Analyze Problems and Solve Them Effectively					

* This category should be completed only by those who have had an opportunity to observe the applicant in a health care setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

IV. Recommendation for Acceptance:

- Strongly recommend
- Recommend

- Recommend with reservations as noted in the comment section
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____

Title: _____ Professional Credential: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

PLEASE RETURN TO:
College of Nursing Admissions Committee
Office of Student Admissions, 1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210

Letter of Recommendation



SUNY Upstate Medical University
College of Nursing

Name of Applicant _____

Social Security # (optional) _____

Application for the _____ Program

Name of Reference _____

To the Applicant:

Please follow the letter of recommendation guidelines which appear in this booklet and complete this section before submitting this form to your reference.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, P.L. 93 - 390 (as amended), with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12,

- I DO waive my right of access to and review of this letter of reference I am requesting.
- DO NOT

Signature of Student

Date

To the Reference:

The applicant named above has applied for admission to SUNY Upstate Medical University College of Nursing.

We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential for competent professional performance.

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Acquaintance with Applicant:

How long and in what capacity have you known this applicant?

II. Comments: In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential as a student and health care professional.

(Additional space on reverse)

Please complete both sides.

II. Comments (continued)

III. Personal and Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation**
A. Academic Potential					
B. Leadership					
C. Professional Competence*					
D. Sense of Responsibility					
E. Ability To Work with People					
F. Rapport with Patients*					
G. Ability To Adapt to New Situations					
H. Ability To Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability To Analyze Problems and Solve Them Effectively					

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** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

IV. Recommendation for Acceptance:

- Strongly recommend
- Recommend

- Recommend with reservations as noted in the comment section
- Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____

Title: _____ Professional Credential: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

PLEASE RETURN TO:
College of Nursing Admissions Committee
Office of Student Admissions, 1215 Weiskotten Hall
SUNY Upstate Medical University
766 Irving Avenue
Syracuse, New York 13210